Health Care Environment and Availability and Access to Services

Health Care Providers

Cayuga Medical Center at Ithaca

Health care providers

Ithaca Health Care Alliance

Health Planning Council

Tompkins County Health Department is a full-service health department providing the full complement of services as required by public health law.

Cayuga Medical Center at Ithaca (CMC), a 204-bed acute care facility serves Tompkins and surrounding counties. It is one of 9 rural referral sites in New York State and the only acute care facility in Tompkins County.

In 2003, there were 157,000 patients who used CMC's comprehensive acute and out patient services. There are 180 physicians affiliated with CMC according to its 2003 annual report. In 2005, CMC through an affiliation with Roswell Park began offering radiation oncology services locally at the medical center's new radiation medicine facility.

For various types of specialized care, residents travel to Syracuse, Rochester, Elmira, Sayre, Pennsylvania and major metropolitan areas.

Other health care providers and facilities providing direct patient

Other health care providers and facilities providing direct patient care:

- Five skilled nursing facilities totaling 555 certified beds.
- Two Certified Home Health Agencies (One is located at TCHD)
- Hospicare and Palliative Care Services of Tompkins County (includes a residence)
- Ithaca College and Cornell University health centers
- Planned Parenthood of the Southern Finger Lakes
- Variety of complementary or alternative care practitioners including Ithaca's Integrative Community Wellness Center
- Franziska Racker Centers for children and adults with special needs

The Health Planning Council (HPC), a program of the Human Services Coalition of Tompkins County conducts comprehensive health planning and promotes the development of health services and resources. TCHD staff is represented on the Board and HPC's Executive, Acute Care and Long Term Care Committees. In 2004 it secured funds from New York State for implementation projects and launched the "Tompkins Health Network", a rural health network and a program of HPC with funds from the New York State Office of Rural Health.

Tompkins County is home to the Ithaca Health Care Alliance. Members pay an annual fee and as a result have access to the Ithaca Health Fund. The Fund covers expenses of up to \$1,000 for such expenses as broken bones and emergency department visits. The Ithaca

Health Fund makes payments to any practitioner in the world. However, Ithaca area residents may also benefit from discounts with 115 providers and the dental loan fund. www.ithacahealth.org

Health care maintenance and disease prevention

Many factors affect access to health care maintenance and disease prevention. Factors such as transportation, underemployment, parents working multiple jobs, all affect the well being of some residents and contribute to causes that undermine health.

Transportation and the rural nature of the county have been cited as a factor by other community agencies as a barrier to service access. For example, the Day Care and Child Development Council's "Child Care Data Book: Balancing Supply and Demand" (2004) notes that the geographic distribution of (child) care that is available does not always meet the demand of the population needing care.

Likewise, many health care services, notably physicians' offices are located in suburban Lansing and are difficult to reach without a personal vehicle. A few primary care and specialist offices remain in the City of Ithaca and others are located in rural areas. Bus and taxi services are available in the County. However, available bus routes and schedules do not always make this a convenient form of transportation as it might in a metropolitan area.

Compass II survey

In 2002, the United Way of Tompkins County sponsored *Compass II*, "an asset-based analysis of the community to build on the strengths of local individuals, associations, and organizations to promote broad participation in the continuous improvement of community life." The Human Services Coalition of Tompkins County was the project coordinator. (For the full report go to www.uwtc.org) Through various surveys, focus groups and analyses of other data, *Compass II* worked to identify:

- The needs and resources available in the county,
- The gaps between those needs and resources,
- Potential solutions to filling the gaps.

The Compass II survey identified health care as one of the top issues facing the county. Some highlights on this issue from Compass II: Tompkins County, Final Report Fall 2003:

- Sixty-seven percent of key informants rated a lack of specialty care as a critical problem and 65 percent the lack of affordable primary care as a critical problem.
- Twenty percent of households indicated that not having enough money to pay the doctor or buy prescription drugs was a critical

Barriers to service access

Transportation and location

problem.

However, the availability of care itself does not seem to be a critical issue, the report states. It notes that CMC's annual evaluation of the number of physicians indicates that the County is in a good position in this regard.

Cost of insurance premiums

As noted earlier in this assessment and substantiated by the *Compass II* survey, Tompkins County has a greater percentage of its residents covered by insurance compared to the rest of the nation and New York State.

However, the issue seems to be cost. Focus groups conducted by *Compass II* with health care advocates and human service representatives suggested that the high cost of premiums and the burden it places on employers and employees may help to explain why people in the 18 to 64 age range are uninsured. The resulting lack of preventative care for these employees often results in higher costs to individuals and the community.

Indeed, Tompkins County residents are not alone in seeing school, municipal, and state taxes rise as a result of increased health care costs for government employees and retirees. Health care costs have an increasing impact on the economic health of communities as well.

Poverty and food security

Poverty and food insecurity are two factors that undermine health. The *Compass II* report noted that nearly 78 percent of key informant respondents and 38.4 percent of household respondents ranked poverty as a critical problem.

The survey asked respondents about difficulty in meeting basic needs as a way to determine the level of poverty experienced by residents. Nearly 10 percent of respondents in the household said that not having enough money for food in the past year was a critical problem. Twelve percent said that not having enough money to buy needed clothing and shoes was critical. And 15 percent reported that not having enough money to pay for housing was a critical problem.

The report refers to the Hunger Data Book, 2002 by the Nutrition Consortium of NYS (NCNYS). The consortium estimates that 8.6 percent of individuals in Tompkins County are in a position of food insecurity (the limited or uncertain availability of nutritionally adequate foods, or the inability to acquire acceptable foods in socially acceptable ways.)

Local Health Priorities

Community priorities were identified through the Compass II proj-

ect. This analysis of community assets and needs is comprehensive in scope. It included responses from

- 500 community households,
- 99 community businesses,
- 83 service provider organizations,
- 22 faith community representatives and
- 90 key members of the community.

There were 16 focus group participants as well as members of a downtown business organization that served as a focus group. And data and expertise from a variety of county departments, agencies and the Chamber of Commerce informed the project.

The *Compass II* project did not specifically address dental care access as an issue. However, health and human service agencies, schools and individual providers have identified the need in many of the people they provide care for. (See dental section.)

TCHD's priorities were determined through input from the Department's management and supervisory personnel and presented to the Tompkins County Legislature to inform its strategic planning committee. (See CHAERS section of this document.)

It should be noted that community agencies in the County identify issues particular to their target population. And the reader should consider these factors with regards to a particular population such as seniors, children, and the disabled population, for example.

Opportunities for Action

Tompkins County has an informal and formal network of agency and service providers that address community issues including health issues. One way the health and human service community stays abreast of current issues and activity is through the Human Services Coalition of Tompkins County's list serve: www.hsctc.org.

Some recent initiatives that have addressed community health priorities include:

- Creation of a dental case manager position at the County Department of Social Services to partially address the problem of access to dental care. This was a result of a community task force that met between November 2001 to May 2002. (See dental section.)
- Tompkins County Legislature with the help of the Health Planning Council made available a drug discount card for County residents. Tompkins Rx cards were distributed in early 2005. The card provides an average of 20 percent discount on prescription medi-

Priorities

Recent initiatives

- cations. The program was implemented at no cost to county taxpayers or individuals who use the card.
- In 2004, the Health Planning Council launched PMAP (Prescription Meds Access Program). By December of 2004, staff talked with more than 100 individuals who had difficulty affording prescription medications. Sixty-nine were able to obtain drugs valued at more than \$12,300 free or at low cost from pharmaceutical companies.
- The Commission for a Healthy Central New York is a coalition of eight upstate counties: Cayuga, Cortland, Herkimer, Madison, Oneida, Onondaga, Oswego, and Tompkins. The coalition completed a regional health assessment. And, as a result seeks to foster collaborative relationships among regional community leaders and health service providers to improve the health of area residents. Four health priorities have been identified: obesity, stroke, mental health and dental care access.